

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Financial Services</u> STATEMENT NUMBER <u>3.30</u>
SUBJECT: DONATIONS TO DOC	EFFECTIVE DATE <u>02/01/2014</u> REVIEW DATE <u>02/01/2015</u> SUPERSCEDES PPD# <u>3.30</u> DATED <u>12/15/2011</u>
PROPONENT: Robert Mullen, Director <u>Name/Title</u> Administration Div. 271-5610 <u>Division Phone #</u>	
ISSUING OFFICER: <u>William Wrenn, Commissioner</u>	DIRECTOR'S INITIALS: _____ DATE: _____ APPENDIX ATTACHED: _____ YES: _____ NO: _____
REFERENCE NO: See reference section on last page of PPD.	

- I. **PURPOSE:**
To establish a procedure for the acceptance of gifts of personal property made to the NH Department of Corrections or for the benefit of its inmates.
- II. **APPLICABILITY:**
To all employees
- III. **POLICY:**
It is the policy of the Department of Corrections that the DOC Commissioner or his designee may accept donations of personal property valued at \$1,000.00 or less for the benefit of the Department and that the Governor and Council accept all gifts of personal property valued at more than \$1,000.
- IV. **PROCEDURE:**
- A. Any staff member being contacted by an individual or organization wishing to donate personal property, including cash to the DOC, shall complete the donation form (attachment 1) to report to their supervisor the following information:
 1. Complete description of the personal property.
 2. An estimated Fair Market Value (FMV) as determined by the donor.
 3. Contact information for the donor (name, address, phone number).
 4. Any restrictions or conditions placed upon the donation or intended use of the donation.
 - B. **Donations from any immediate family members of any inmate and/or from anyone on the visitor list of any inmate are not allowed. Staff members receiving donations shall verify this information BEFORE accepting the donations.**
 - C. The completed donation forms will be forwarded to the Director of Administration within two weeks of receipt of the donation for approval and processing. Incomplete forms will be returned to the originator for completion.
 - D. With approval of the Commissioner, the Director of Administration shall seek Governor and Council approval to accept a donation valued at more than \$1,000.
 - E. Any donations valued at \$1,000.00 or less may be used prior to formal acceptance by the Commissioner or his designee. Any donations valued at more than \$1,000.00 must be stored in a secure area at the receiving facility until formally accepted by Governor and Council. If there is no secure storage area at the receiving facility, the item(s) may be stored at the nearest DOC warehouse.
 - F. BEFORE physically accepting donations of computer equipment and peripherals, a completed donation form with a detailed written description of the equipment, including model #, operating system and all parts such as mouse, keyboard, etc. must be submitted to the DOC IT Manager for approval. Computers not

running or capable of running the currently-approved operating system will not be accepted. Once approval is received from the IT Manager, the form should be forwarded to the Director of Administration for approval process as outlined above.

- G. Motor vehicles are not accepted as donations by DOC
- I. Disposal of donated property shall be accomplished through using a P-11 Form, "Surplus Property".

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards

Standards for Adult Community Residential Services
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other

RSA 4:8 (Title I, Chapter 4, Section 4:8) Gifts to the State

MULLEN/clr

Attachment



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS**

**William L. Wrenn
Commissioner**

**Bob Mullen
Director**

DONATION RECORD

(All information must be filled in)

Donor/Contact Name: Mr. _____
Ms. _____
Mrs. _____
(Circle one title or write out title(s) with name on line above)

Donor Organization/Business: _____

Donor's Street Address: _____

Donor's Mailing Address (If different from above): _____

City: _____ **State** _____ **Zip** _____

Donor's Phone Number: _____

Donor's Relationship to DOC:

_____ Volunteer

_____ Support Group or Organization

_____ Employee

_____ Other: _____

(Do not leave blank)

Intended Area of Use by DOC:

_____ NHSP/M

_____ NCF

_____ NHSP/Women

_____ THU/TWC: CHM, NEH, SFHC, TWC (Circle One)

QUANTITY	DETAILED DESCRIPTION OF ITEM	INTENDED USE	ESTIMATED \$ VALUE*

*IRS Publication 561 *Determining the Value of Donated Property* indicates that the donor determines the value; DOC staff members shall not do this. Each donation MUST include a dollar value, no matter how small.

Delivered by: _____ **Date:** _____

Received by: _____ **Date:** _____

Staff signature above verifies that the donor is NOT a family member of, or on the visitor list of, any inmate.

DOC contact for information regarding this donation:

Name: _____ **Phone:** _____